## M11000000901

(Requestor's Name)						
N.						
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(City/State/Zip/Phone #)						
(only, out or 2, printers ny						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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Consideration to Elling Officer						
Special Instructions to Filing Officer:						
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D. BRUCE
DEC 0 2 2011
EXAMINER

## **COVER LETTER**

TO:	Registration Division of 0								
SUBJ	ECT:				1, LLC				
•		Name of Fo	reign L	imited L	iability Comp	any			
Dear	Sir or Madam:								
		vit by Foreign I s) and fee(s) are				Change Man	ager(s)	or	
Please	e return all cor	respondence con	ncernin	g this ma	tter to the fol	lowing:			
	L	EONID CHER	NOY						
		Name of Pers	on						
	ADE	ELEN HOLDIN							
		Firm/Compar	ıy						
275 COLERIDGE STREET									
		Address						2	***
BROOKLYN, NY 11235							TAR IASS	DEC -1	
City/State and Zip Code						£.0	Ter SK	, T	
	L	CHERNOY@G	MAIL.	СОМ			F.S.	ek Oa	1
<u>F</u>	E-mail address:	(to be used for	future	annual re	port notificat	ion)	ORII	613	
For fu	rther informat	ion concerning	this ma	tter, plea	se call:		DE A	9	
	LEONID CH	IERNOY	at (_	917		415-1122			
	Name of	Person			le and Daytim	e Telephone	Numbe	r	
	Registration S Division of Co Clifton Buildi	orporations ng ve Center Circle	ESS:		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	Section orporations 7			
	sed is a check Filing Fee	for the following \$30 Filing For Certificate of St	ee &		00 Filing Fee & i Copy	\$60 Filing Certificate of Certified Cop	Status &	;	

## AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

1. The name of the limited liability compan Department of State is:	y as it appears on the records of the Florida  DG MIMS US 1, LLC
2. This entity was formed under the laws of	: WYOMING
3. This entity was authorized to transact bus and its Florida document/registration number	
4. The name and address of each manager of	or managing member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	ADELEN HOLDING, LLC 275 COLERIDGE STREET BROOKLYN, NY 11235
MGR	ADELLA CHERNOY  275 COLERIDGE STREET  BROOKLYN, NY 11235  ≥ □
MGR	LEONID CHERNOY 275 COLERIDGE STREET BROOKLYN, NY 11235
	——————————————————————————————————————
Required Signature:  Signature of Manager, 1	Managing Member or Member

Filing Fee: \$25